

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 24 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Buck Creek
City (No.)

Registration District No. 840 1
Primary Registration District No. 6102

File No. 38981
Registered No. 41
St. Ward

2. FULL NAME

Mollie E. Edmundson

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elmer Edmundson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27, 1863</u>		
7. AGE <u>74</u>	YEARS <u>74</u>	MONTHS <u>7</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min. <u> </u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		
11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoddard Co., Mo.</u>		
13. NAME <u>Elmer L. Short</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenns</u>		
15. MAIDEN NAME <u>Martha Pope</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenns</u>		
17. INFORMANT (ADDRESS) <u>John Edmundson</u> <u>Stoddard Co.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rock Hill Cem.</u> DATE <u>Nov 7, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Huffman White Steele</u> <u>Stoddard Co.</u>		
20. FILED <u>11/16</u> <u>1937</u> <u>Vivian Hawk Shaver</u> <u>Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Nov 6, 1937.
First saw him alive on Aug 1, 1937. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Date of onset 2nd May

Other contributory causes of importance:
A3C

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1937
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify E. L. Chronic, M. D.
(Signed)
(Address)

